

FILED

JUL 23 PM 1:09

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

United States Attorney General  
Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, D.C. 20530-0001

M

Objection to file suite

CV 08 3323 T64

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- 10 Hilton Lawrence Brown  
No# B57265 CS
- 11 5905 Lake Earl Drive
- 12 Crescent City California 95532
- 13 Appellant and Plaintiff
- 14 versus
- 15 Governor Arnold Schwarzenegger
- 16 1 First Street, Capitol Mall
- 17 Sacramento, California 95814
- 18 Pelican Bay State additional  
Institution
- 19 Warden: Robert A. Horel
- 20 5905 Lake Earl Drive
- 21 Crescent City California 95531
- 22 additional  
Medical Board of California
- 23 2005 Evergreen Street, suite 1200
- 24 Sacramento California 95815
- 25 additional  
State Board of Control
- 26 Tort Claim Coordinator
- 27 Post office Box 3035
- 28 Sacramento, California 95812
- Real Parties of Interest

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1 Reversal by order of this Court is Necessary. To serve Notice of  
 2 Deficiency assessment for income revealed by the Jury trial finding  
 3 Atascadero State Hospital Guilty on all charges. In violation of  
 4 the California Department of Corrections Code Title 15 section(s)  
 5 3367 and 3368. Psychosurgery and Aversive Therapy in which their  
 6 License was suspended for the Illegal Electro Convulsive Therapy  
 7 and Brain Surgery with Assault and Battery. Wherein the jury trial  
 8 found the Hospital Guilty as charged. 34 Am Jnd Federal Tax rule  
 9 9042 and 9125 the Administrative Law Judge for Social Security  
 10 Disability in Virginia ruled. That the State Hospital in Atascadero  
 11 California could receive payment from the Social Security Account  
 12 of AT 02 31 35-7 paid from Social Security number #547 80 1876  
 13 and then closed the account after all the funds were gone. Debt  
 14 number #G-199804003245101 for Social Security Account #176 309592  
 15 the United States Department of Education are all the same person.  
 16 for the College fees and cost for Inheritance Tax withheld. They are  
 17 to include service number #US 056 723 112 before the  
 18 Department of the Army  
 19 The decision of the court was in Error and Reversible. Error is  
 20 Necessary for the Interest of Justice. The false arrest and the  
 21 unlawful detention 22 Am Jnd false Imprisonment section 1  
 22 and 2. certiorari denied 479 U.S. 825 (1986) U.S. vs Gambino  
 23 788 F2d 938 (3rd Cir) Medical Mal Practice and use of fraud.  
 24 Federal Rule of Civil Procedure rule 60 (b) before the Local Judiciary  
 25 Hilton Lawrence Brown vs Arnold Schwarzenegger Governor of  
 26 the state of California case #08-2157 Del Norte California and  
 27 Hilton Lawrence Brown vs Robert A. Horel, warden of Pelican Bay  
 28 State Institution case #08-5082 Del Norte California



1 ON the 16<sup>th</sup> Wednesday of January 2008, while at work in the  
 2 main Kitchen, Brown, Hilton Lawrence was thrown to the ground  
 3 and received a Dislocated broke small finger on his Left hand.  
 4 Pursuant to Great bodily harm and the threat with the Assault  
 5 and Battery. By another inmate, Initial request was to process  
 6 this Title 28 U.S.C. section 1915 (b). In court as the procedure to ensure  
 7 a hearing on the merits of this case In forma Pauperis  
 8 Affidavit by order of the court.

9 The accused did not have the Administrative Hearing as set forth  
 10 in the Lanterman - Petris - Short Act prior to the use of Electro  
 11 Convulsive Therapy treatments. At that time when Social Security  
 12 Taxable income was used by Atascadero State Hospital as a fraud,  
 13 was concealed by the Administrative Law Judge as a fraud.

14 Brown, Hilton Lawrence was taken to trial and given Valium  
 15 a drug to counter act initial effect from Illegal Electro Convulsive  
 16 Therapy treatments. The response from the Internal Revenue Service  
 17 on a 1040 Tax form, which list all income as a taxable  
 18 Liability for any Hospital cost and payments for a tax return.  
 19 Did not receive a hearing and summons on the merits. Income paid  
 20 out for the hospital cost. This was not Grounds to file for  
 21 over payment and a Notice of Deficiency Served, Because of the  
 22 Criminal charges not being process by the Social Security  
 23 Administration as a crime.

24 The District Attorney of Los Angeles County would not produce  
 25 the work history of the two Juveniles. That were shot to death.  
 26 Then withheld the Coroner Inquest from showing the use of  
 27 drugs at the time of death. One Victim was 15 fifteen years  
 28 old the other Victim was 16 sixteen years old,

1 The victims were taken to a funeral home then to the corners. Both  
 2 were working as security Guards with a gun and holster at the  
 3 time of death. Did Internal Revenue Service use good Legal Judgment  
 4 by not filing a violation from the income tax return. Received  
 5 from work done in violation of the Moral standard set for a  
 6 minor Juvenile person working how is under the age of 18  
 7 Eighteen years old.

8 Disqualification of a Judge because of the Conflict of Interest  
 9 subject to the relationship to subpoena the record. 30 A Am J  
 10 Rev'd Judges section 89, federal Rule of Criminal Procedure rule  
 11 5.1 (a) (b) (c) Title 18 U.S.C. section 3060 (a) 1988 to determine  
 12 Probable Cause to bind the accused for trial at the Preliminary  
 13 Hearing. When the state court does not use a federal Magistrate  
 14 Judge to summon the Medical Transcript F.R.C.P. rule 5(a) Local  
 15 Judicial officer such as Social Security Administrative Law Judges  
 16 are used pursuant to title 18 U.S.C. section 3041

17 Incident Report on the 23rd Wednesday of February 2000  
 18 during a riot. Brown, Hilton Lawrence was stabbed and cut.  
 19 He received stitches under the left rib cage and under the left  
 20 Jaw. At Pelican Bay state Infirmary which was not then License.  
 21 Did not Practice as a hospital and the Patient had a right to  
 22 receive stitches. At the Hospital in Eureka or Crescent City  
 23 California. Due to the Emergency care by doctors and nurses  
 24 from out of state. Inn Oregon were called in to treat the victims.  
 25 There were over a Hundred inmates stabbed and cut. One was  
 26 shot to death. While two more were brought back to Life after  
 27 being shot to death at a hospital outside of the Pelican Bay  
 28 state Infirmary

1 In 1971 Gladys Towel Ruth allowed Alascadero State Hospital to use  
2 Electro Convulsive Therapy on her clients. Inmates how were waiting  
3 to stand trial. In 1973 Brown, Hilton Lawrence fired Attorney at  
4 Law Gladys Towel Ruth before the start of trial. In the Superior  
5 Court of Judges Jack E. Goertzen. He refused to remove G.T. Ruth  
6 from the case # A274815. The state Bar Association of California  
7 sent Carol Donovan in to court for the purpose to remove counsel  
8 from the case # A274815.

9 But before G.T. Ruth left the court she found the informants  
10 attorney. Attorney at Law Herbert Morton was to be the replacement  
11 for G.T. Ruth. Conflict of Interest rule was in 1968 Calvin Chambers  
12 the informant was in the Fort Ord Stockade company at the Fort  
13 Ord Military Base in California. Attorney at Law hired to represent  
14 the informant was Herbert Morton. Judges Jack E. Goertzen  
15 would not subpoena nor summon the Fort Ord Stockade company  
16 for the transcripts.

17 Brown, Hilton Lawrence lose his right to a Pro Per status or  
18 representation and the Judge denied a request for access  
19 to the Law Library. In the Los Angeles County Jail you must have  
20 a court order for Pro Per Status. I wrote to the Chief Justice  
21 of California and petition for a writ of Habeas corpus. It  
22 was granted in Criminal case In Bank Number # 76-19191.  
23 But the court appointed counsel refused to file a Brief and  
24 then sent me a waiver form to fill out. No brief at all a  
25 Wanda Hearing and the Grant for a Habeas Corpus writ  
26 was then dismissed in 1978.

27

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1 Brown, Hilton Lawrence is not on a Hunger Strike. But can not get  
 2 fed. The Prison Guards refuse to wear a) ball cap and Latex Gloves.  
 3 Even after being given a direct order through an 602 Grievance Appeal.  
 4 That was granted PBSP Log# 04-1840 B Facility Building 8, Initial  
 5 regard was that Prison Guards not wearing a ball cap, while serving  
 6 the food. Would wipe sweat off his or her face and forehead on to  
 7 the back of his or her hand or Latex Glove. A sweatband is in the  
 8 ball cap. I refuse to accept a food tray if the Prison Guards are  
 9 not wearing a ball cap and have not been fed on the following days  
 10 by the named Prison Guards. Today c/o J. Hayes was chewing snuff  
 11 tobacco and sweat on his face and forehead. I refused to accept the  
 12 food tray at the cell door on 6-24-08 at about 6:15 pm

13	No breakfast food tray on	6-16-08	c/o Nelson
14	No dinner food tray	6-18-08	c/o J. Hayes
	No breakfast food tray on	6-19-08	c/o Lueckfeld
15	No dinner food tray	6-20-08	c/o Cardoza
16	No breakfast food tray on	6-22-08	c/o Camarena
	No dinner food tray	6-22-08	c/o Chisman
17	No breakfast food tray on	6-23-08	c/o Olson, c/o Paterson
18	No dinner food tray	6-23-08	c/o Lyon
19	No dinner food tray	6-24-08	c/o J. Hayes
	No dinner food tray	6-25-08	c/o Decker
20	No breakfast food tray	6-26-08	c/o Schan
21	Vegetarian diet denied c/o A. Paul, c/o Hensley	breakfast 6-27-08	
	No dinner food tray	6-27-08	c/o Morrison
22	No dinner food tray	6-28-08	staff c/o McCoy, c/o Morrison, c/o J. Silva, c/o J. Hayes
23	No breakfast food tray on	6-29-08	c/o Peterson
24	No dinner food tray	6-29-08	c/o J. Hayes
	No dinner food tray	6-30-08	c/o J. Hayes
25	No dinner food tray	7-1-08	c/o Butcher, c/o J. Hayes, c/o Poole
26	No breakfast food tray	7-2-08	c/o Cardoza
27	No breakfast food tray	7-3-08	c/o Cardoza
28			

1	No breakfast food tray on	7-4-08	c/o Cardoza, c/o Decker
2	No breakfast food tray on	7-7-08	c/o Peterson
3	No dinner food tray	7-7-08	c/o Hurley
4	No breakfast food tray	7-8-08	c/o Cardoza
5	No dinner food tray	7-8-08	c/o J. Hayes
6	No breakfast food tray on	7-9-08	c/o c/o Cardoza
7	No dinner food tray	7-9-08	c/o Gardner
8	No breakfast food tray	7-10-08	c/o J. Morrison, c/o Straham
9	No dinner food tray on	7-10-08	c/o McLooney, c/o Ta fazio
10	No breakfast food tray on	7-11-08	c/o McLooney, c/o Gutierrez
11	No breakfast food tray on	7-12-08	c/o R. Falowski
12	No dinner food tray	7-12-08	c/o McLooney
13	No dinner food tray on	7-13-08	c/o D. Willard
14	No breakfast food tray	7-14-08	c/o Straham
15	No breakfast food tray	7-15-08	c/o Axel
16	No breakfast food tray	7-16-08	c/o Axel
17	No dinner food tray on	7-16-08	c/o Cardoza
18	No dinner food tray on	7-17-08	c/o Cusack
19	No breakfast food tray	7-18-08	c/o R. Wilson
20	No dinner food tray on	7-18-08	c/o Daniel
21	No breakfast food tray on	7-19-08	c/o Axel
22	No dinner food tray on	7-19-08	c/o Buchanan
23	No breakfast food tray on	7-21-08	c/o Chapman, c/o Straham
24	No dinner food tray	7-21-08	c/o J. Hayes, c/o J. Monks
25	No breakfast food tray	7-22-08	c/o Straham
26	No dinner food tray on	7-22-08	c/o Cardoza
27	No breakfast food tray on	7-23-08	c/o Straham, c/o Yoachman
28	No dinner food tray on	7-23-08	c/o Cardoza, c/o Haddad
29	No breakfast food tray on	7-24-08	c/o R. Amis, c/o Peterson
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1 Relief sought title 28 U.S.C. section 1482 (b), Injunction by the  
 2 Habeas Corpus and small claim suite by the Grand Jury and the state  
 3 Board of Control State of California. To have the sergeant Wenning  
 4 to answer the 602 appeal to have the staff B.R. Johnson in the  
 5 Law Library to answer the 602 appeal. To have the d/c chisman to  
 6 answer the 602 appeal each is separate and have gone unanswered.  
 7 I can not prosecute the case because the sergeant Acosta has not  
 8 answered nor responded to a 602 Grievance Appeal.

9

10 Brown, Hilton Lawrence do solemnly affirm that as an attorney-  
 11 (Law student) and as a counselor of this court, I will conduct  
 12 myself uprightly and according to law and that I will support  
 13 the constitution of the United States.

14

15

16 Brown, Hilton Lawrence

17 No# B51265 (S)

18 5905 Lake Earl Drive

19 Post Office Box 7000

20 Crescent City California 95532

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Executed this 24th Thursday of July 2008

Hilton Lawrence Brown  
 355 Business Law

United States Attorney General  
Department of Justice  
950 Pennsylvania Avenue  
Washington, D.C. 20530-0001

Jurisdictional Statement

CV 08 3323

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9  
10 Hilton Lawrence Brown  
    No# B51265 (S)  
11 5905 Lake Earl Drive  
12 Crescent City California 95532  
13 Appellant and Plaintiff  
    Versus  
14 Governor Arnold Schwarzenegger  
15 1 First Street, Capitol Mall  
16 Sacramento, California 95814  
17 Pelican Bay State Institution additional  
18 Warden: Robert A. Horel  
19 5905 Lake Earl Drive  
20 Crescent City California 95531  
21 Medical Board of California additional  
22 2005 Evergreen Street, Suite 1200  
23 Sacramento, California 95815  
24 State Board of Control additional  
25 Tort Claim Coordinator  
26 Post Office Box 3035  
27 Sacramento, California 95812  
28 Real Parties of Interest



1 To invoke Original authority as jurisdiction under Article III  
 2 of the Constitution of the United States, Title 28 U.S.C. section  
 3 1251 and Administrative Law section 11 of the Constitution  
 4 of the United States to include supervisory of rehearing the  
 5 Controversy pursuant to title 28 U.S.C. section 1254 (a) too  
 6 Justify Extraordinary Relief 28 U.S.C. section 1651 (a)  
 7 for the stay of Certiorari 28 U.S.C. section 2101 (f), Together  
 8 with service on the state Attorney General and the California  
 9 Governor. The fact that the Constitutionality of an Act of  
 10 Congress has been serve on the Grand Jury pursuant to  
 11 28 U.S.C. section 2403 (a) and (b), 2 Am J2d Administrative  
 12 Law section 692

13 Proof of Service by mail California Code of Civil Procedure  
 14 section 101 (a) section 2015 thru 5. When the United States  
 15 Marshall is not available under 28 U.S.C. section 1746, The  
 16 Verification of Document was completed by deposit into  
 17 the United States Postal Service address to counsel of  
 18 Record for Respondent

19		
20	First Appellate District	Department of the Sheriff
	Court of Appeals	Del Norte County
21	350 McAllister Street	650 5th Street
22	San Francisco, California 94102	Crescent City California 95531

23 Executed this 24th Thursday of July 2008

24  
 25 Brown, Hilton Lawrence do solemnly affirm Proof of  
 26 Service is true and correct. To the best of my own knowledge.  
 27 under a penalty of perjury

28 Brown, Hilton Lawrence  
 NO# B51265 (5)  
 5905 Lake Earl Drive  
 Crescent City California 95532

Hilton Lawrence Brown  
 Business Law 355

**PELICAN BAY  
G.P. UNIT A-3**

**MEDICAL BOARD OF CALIFORNIA**

**AUTHORIZATION FOR RELEASE OF  
PATIENT HEALTH INFORMATION**

Patient Name: Brown, Hilton Lawrence Date of Birth: December 23<sup>rd</sup> 1947  
 Medical Record No. AT 02 31 35-7 Date of Death: \_\_\_\_\_  
 (If applicable) (If applicable)  
 Control No. \_\_\_\_\_ Social Security No.: 547 80 1876  
 (Optional)

I, the undersigned hereby authorize: (Please list one Physician or Facility in a separate box)

Physician <u>Sayre, M C</u> Address <u>5905 Lake Earl Drive, P.O. Box 7500 Crescent City, CA 95531</u> Phone Number(s) _____ Treatment Date(s) <u>2-1-07</u>
Physician/Facility <u>Pelican Bay State Infirmary</u> Address <u>5905 Lake Earl Drive, P.O. Box 7500 Crescent City, CA 95531</u> Phone Number(s) _____ Treatment Date(s) <u>2-1-07</u>
Physician/Facility <u>Psychiatric Service Unit</u> Address <u>Post Office Box 7001, Atascadero California 93423</u> Phone Number(s) _____ Treatment Date(s) _____
Physician/Facility <u>Atascadero State Hospital</u> Address <u>Post Office Box 7001, Atascadero California 93423</u> Phone Number(s) _____ Treatment Date(s) <u>9-6-71 until 9-17-71</u>

to provide records in the course of my diagnosis and treatment, including medical, psychiatric, alcohol and drug abuse patient records (original and/or electronic/computer generated) to the **MEDICAL BOARD OF CALIFORNIA, ENFORCEMENT PROGRAM**, a healthcare oversight agency. This disclosure of records authorized herein is required for official use, including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid until the Medical Board of California of the State of California completes its investigation and proceedings arising out of the investigation.

A copy of this authorization shall be as valid as the original. I understand that I have a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Medical Board of California, 1426 Howe Avenue, Ste. 93, Sacramento, CA, 95825. My written revocation will be effective upon receipt by the Medical Board of California but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

A copy of this authorization shall be as valid as the original. I understand that I have a right to receive a copy of this authorization if requested by me.

Signature:

Hilton Lawrence Brown  
355 Business Law  
 Patient

24th Thursday of July 2008  
 Date

or

Brown, Hilton Lawrence Pro Se  
 Legal Representative Relationship

7-24-08  
 Date

NOTE TO THE PROVIDER: Failure by a physician, podiatrist or health care provider to provide the requested records within 15 days, or health care facility in 30 days, of receipt of this request and authorization may constitute a violation of Section 2225.5 of the Medical Practice Act and may result in further action of the Board. This release is compliant with the requirements of HIPAA and Civil Code Section 56.11.

United States District Court  
Northern District of California  
450 Golden Gate Avenue  
San Francisco, California 94102

Motion for Discovery  
CV 08 3323

PELICAN BAY  
G.P. UNIT A-3

10 Hilton Lawrence Brown  
11 No # B51265 CS  
12 5905 Lake Earl Drive  
13 Crescent City California 95532  
14 Appellant and Plaintiff  
15 versus  
16 Governor: Arnold Schwarzenegger  
17 1 First Street, Capitol Mall  
18 Sacramento California 95814  
19 additional  
20 Pelican Bay State Institution  
21 Wardens: Robert A. Horel  
22 5905 Lake Earl Drive  
23 Crescent City California 95531  
24 additional  
25 Medical Board of California  
26 Central Complaint Unit  
27 2005 Evergreen Street, Suite 1200  
28 Sacramento, California 95815  
29 additional  
30 State Board of Control  
31 Tort Claim Coordinator  
32 Post Office Box 3035  
33 Sacramento, California 95812  
34 Real Parties of Interest

1 Preliminary Examination Federal Rule of Criminal Procedure rule  
 2 5 (a): Not later than 10 ten days following the initial appearance  
 3 f.R. C.P. rule 5 (a) according to Title 18 U.S.C. section 3060 (7)  
 4 1988 to determine Probable Cause to bind the accused defendant  
 5 for trial on a showing of Good Cause f.R. C.P. rule 5.1 Hearing. When  
 6 the Magistrate Judge is unavailable f.R. C.P. rule 5 (a). A Conflict  
 7 of Interest rule by the objection at trial reflects counsels actual  
 8 relationship to a party of Interest, 30 A Am J Revised Judges section  
 9 89, Disqualification when the attorney made it possible for usage  
 10 of false arrest and unlawful detention 22 Am J2d false Imprisonment  
 11 section 1 and 2, Certiorari denied 479 U.S. 825 (1986) U.S. vs Gambino  
 12 188 F2d 938 (3rd Cir)

13 California Welfare and Institution Code section 5328.1 thru 7. The  
 14 Authorization for Release of Patient Information, California Penal  
 15 Code section 1054.1 thru 7 Good faith Agreement for Discovery.

16 Title 10 U.S.C. section 1552 a request for the Transcript before  
 17 The Department of the Army. Which forms the objection made  
 18 prior to the start of trial. Service of Subpoena, California Code  
 19 of Regulations section 100, Title 1 related appeals Government  
 20 Code section 11346. 2 (d) Register 93 section 36, California  
 21 semittitar for repair of Dislocated broke finger and Electro  
 22 Convulsive Therapy Given Inviolation. Oil Base Company vs Transport  
 23 Indemnity Company (1956) 299 F2d 952, 143 CA2d 453 corrected  
 24 306 F2d 934, 148 CA2d 490 defendant convicted and held  
 25 liable for damage of a demurrer right to file suite People  
 26 vs Mosley (1956) 299 F2d 745, 142 Aca 931

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1 Brown, Hilton Lawrence do solemnly affirm the nation for  
2 discovery is true and correct. To the best of my own knowledge  
3 under a penalty of perjury.

4

5

6

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8

9 Brown, Hilton Lawrence

10 No# B51265 (S)

11 5905 Lake Earl Drive

12 Post Office Box 7000

13 Crescent City California 95532

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Hilton Lawrence Brown  
Brown, Hilton Lawrence  
355 Business Law

Executed this 24<sup>th</sup> Thursday of July 2008

PELICAN BAY  
G.P. UNIT A-3

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: BROWN, Hilton L. CDC NUMBER: B51265 INSTITUTION: PBSP HOUSING ASSIGNMENT: DATE FORM INITIATED: 1 Feb 07

Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM

- ☒ Inmate self-identifies to staff ☐ Third party evaluation request  
☐ Observation by staff ☐ Medical documentation or Central File information

SECTION B: DISABILITY BEING EVALUATED

- ☐ Blind/Vision Impaired ☐ Speech Impaired  
☐ Deaf/Hearing Impaired ☐ Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT

1. ☐ FULL TIME WHEELCHAIR USER - DPW  
Requires wheelchair accessible housing and path of travel.  
2. ☐ INTERMITTENT WHEELCHAIR USER - DPO  
Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell.  
3. ☒ MOBILITY IMPAIRMENT - With or Without Assistive Device  
(Wheelchairs shall not be prescribed) - DPM  
Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause).  
Requires lower bunk, no triple bunk, and no stairs in path of travel.  
4. ☐ DEAF/HEARING IMPAIRMENT - DPH  
Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.  
5. ☐ BLIND/VISION IMPAIRMENT - DPV  
Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).  
6. ☐ SPEECH IMPAIRMENT - DPS  
Does not communicate effectively speaking or in writing.

SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT

1. NO CORRESPONDING CATEGORY  
2. NO CORRESPONDING CATEGORY  
3. ☐ MOBILITY IMPAIRMENT (Lower Extremities) - DNM  
Walks 100 yards without pause with or without assistive devices.  
☐ No Housing Restrictions ☐ See HOUSING RESTRICTIONS in Section E  
☐ Requires relatively level terrain and no obstructions in path of travel.  
Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: \_\_\_\_\_)  
4. ☐ HEARING IMPAIRMENT - DNH  
With residual hearing at a functional level with hearing aid(s).  
5. NO CORRESPONDING CATEGORY  
6. ☐ SPEECH IMPAIRMENT - DNS  
Does not communicate effectively speaking, but does when writing.

SECTION E: ADDITIONAL MEDICAL INFORMATION

CSRALERT:

- ☐ Requires relatively level terrain and no obstructions in path of travel  
☐ Complex medical needs affecting placement ☐ CDC 128-C \_\_\_\_\_

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

- ☐ Cane ☐ Crutch ☐ Walker ☐ Leg/Arm prosthesis ☐ Vest  
☐ Other: \_\_\_\_\_ ☐ CDC 128-C(s) dated: \_\_\_\_\_

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

- ☐ Feeding or Eating ☐ Bathing ☐ Grooming ☐ W/C transferring  
☐ Toileting ☐ Other: \_\_\_\_\_ ☐ CDC 128-C(s) dated: \_\_\_\_\_

OTHER DPP DESIGNATIONS:

- ☐ NONE \_\_\_\_\_; \_\_\_\_\_  
CODE DATED CODE DATED

HOUSING RESTRICTIONS: ☐ Lower bunk ☐ No stairs ☐ No triple bunk. CDC 128-C(s) dated: \_\_\_\_\_

SECTION F: EXCLUSIONS

- ☒ VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT **claimed** disability.  
(Explain in Comments Section and CDC 128-C dated \_\_\_\_\_).  
☐ REMOVAL FROM A DPP CODE: Removal from previous DPP code: \_\_\_\_\_. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_).  
☐ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): \_\_\_\_\_. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_).

SECTION G: EFFECTIVE COMMUNICATION FACTORS

- ☐ Uses Sign Language Interpreter (SLI) ☐ Reads Braille ☐ Communicates with written notes ☐ Requires large print or magnifier  
☐ Reads lips ☐ NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

I/m is able to walk, albeit large inguinal herniation is definitely an inconvenience & uncomfortable. Will try a new truss for more effective reduction (refuses surgery)

PHYSICIAN'S NAME (Print) Sheri Skiffner FNP-C PHYSICIAN'S SIGNATURE [Signature] DATE SIGNED 1 Feb 07  
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) MC Sayre HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE [Signature] DATE SIGNED 2/1/07

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

DISTRIBUTION: Original - Top General Chrono Section of C-File: Green - Chrono Section Unit Health Record Canary - C&PR/CC-III Pink-CC-I Gold-Inmate

## PBSP Patient Information System

**PELICAN BAY**  
**G.P. UNIT A-3**

Health Care Services Unit Chrono

Name: BROWN, HILTON	CDC #: B51265	Hsg: A01L 103L	Date: 03-26-2008	
Instruction Type	Start Dt	End Dt	Provider ID	Provider
ALLERGY cotton blanket	07-22-2005 1149	07-22-2006 1149	MPIMSMM	MCLEAN, FNP
LOWER BUNK due to hernia	07-22-2005 1150	07-22-2006 1150	MPIMSMM	MCLEAN, FNP
MEDICAL NEEDS sz 46 hernia support belt	07-22-2005 1151	07-22-2006 1151	MPIMSMM	MCLEAN, FNP
MEDICAL NEEDS waist chains	07-22-2005 1151	07-22-2006 1151	MPIMSMM	MCLEAN, FNP
LOWER TIER Patient requests lower tier because of an inguinal hernia.	01-27-2006 1509	01-27-2007 1509	MPIMSJRS	SWINEY, MD
INFORMATIONAL pt may have size 38 jock strap	04-14-2006 1340		MPIMSCLMC	MALO-CLINES, FNP
LOWER BUNK	08-30-2006 0846	08-30-2007 0846	MPIMSCLMC	MALO-CLINES, FNP
NON WOOL BLANKET Due to inmate history of wool allergy,inmate chrono for non wool blanket is renewed for a duration of 1 year.	12-12-2006 0958	12-12-2007 0958	MPIMSWW	WAHIDULLAH, MD
SPLINT left 5th finger	02-11-2008 1255	03-10-2008 1255	MPIMSCLMC	MALO-CLINES, FNP
CULINARY CLEARED Inmate is 5'10", wt 136. Has lost 14# due to not eating any meats on diet out of preference and troubles with digestion. Is requesting vegetarian diet. BMI< 20	03-13-2008 0956	03-13-2009 0956	MPIMSTJM1	MARTINELLI, MD

Distribution: Health Record Housing Unit CCII File Inmate  
 \*\*\* When Appropriate, a copy shall be forwarded to Specific Clinic

Name: BROWN, HILTON CDC #: B51265 Date: 03-26-2008

**PELICAN BAY  
G.P. UNIT A-3****CALIFORNIA DEPARTMENT OF CORRECTIONS  
PELICAN BAY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT**

FOR THE PERIOD: JUN. 01, 2008 THRU JUL. 09, 2008

ACCOUNT NUMBER : BS1265  
ACCOUNT NAME : BROWN, HILTON  
PRIVILEGE GROUP: DBED/CELL NUMBER: AF03L 000000108L  
ACCOUNT TYPE: I**TRUST ACCOUNT ACTIVITY**

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

**TRUST ACCOUNT SUMMARY**

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.02	0.00	0.00	0.02	0.00	0.00
					CURRENT AVAILABLE BALANCE
					0.02



NO: B-51265 NAME: BROWN, HILTON HSG: AF1-103  
Custody: MAX PS 102 Level: IV WG/PG: D1/D EFF: 01/14/08 Assignment: ASU  
Rel Date: MEPD 06/25/2078 Reclass: 60 DAYS Action: RETAIN ASU FOR OWN SAFETY; REFER TO CSR RX TX SATF-IV/LAC-IV;  
BPH Rev: NA SINGLE CELL; SMALL MANAGEMENT YARD

**Comments:** Inmate BROWN appeared before PBSP AD-SEG, ICC on this date for Subsequent Review. ICC notes CDCR 114-D dated 01/24/08, wherein S was placed in ASU due to an investigation into S's involvement in a Battery on an Inmate. Investigative Employee was not required. Witnesses were not requested per CCR, Title 15, Sections 3338(h) and (i). Per the Confidential Memorandum dated 04/22/08, S has enemy concerns on A Facility here at PBSP. S received a 1030 in regard to this document. S stated that the enemy concerns involving the MAC Counsel would follow him if he were placed on Facility B. ICC concurs that S has safety concerns on both GP Facilities and that a transfer to an alternate Level-IV Facility was in order. It was discussed if the enemy concerns here at PBSP would follow S to a new Facility as S was not requesting SNY. S stated that the enemy concerns would not be relevant at another facility or follow him. ICC acts to retain S in ASU for his own safety and refers his case to the CSR recommending transfer to SATF-IV or LAC-IV.

**Staff Assistance:** S was not provided a Staff Assistant as he speaks and understands English, is literate, and is not a participant in the MHSDS.

**Psychiatric concerns:** PHD, V. Cappello was present during ICC. When S was questioned regarding his current mental health status, he advised Committee he did not have Psych concerns at this time. ICC notes CDCR 128-C, dated 04/10/03, noting S is not a participant in the MHSDS level of care.

**DA action:** No action taken.

**Cell status:** S is single celled due to local enemy concerns.

**Yard status:** Placed on SM yard pending release from ASU.

**Committee action:** Retain in ASU for S's own safety. Refer to CSR for transfer consideration, recommending SATF-IV, alternate LAC-IV. Transfer is considered to be not adverse. Upon transfer S custody shall be CLO-BS, and his WG/PG shall be A2/B, effective upon transfer.

**Inmate comments:** S expressed his understanding of the basis for the ICC action and agreed with the action and stated, "Thank you for giving me a new start."

**Appeal rights:** S was advised of Committee's decision and his right to appeal. S has been advised that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDCR Form 128G Classification chrono or not.

CHAIRPERSON:



P. T. SMITH/CDWA

RECORDER:



D. EDWARDS/CCII

COMMITTEE MEMBERS:

K. MCGUYER/FC

V. CAPPELLO/PHD

DATE: 06/11/2008

INSTITUTIONAL CLASSIFICATION COMMITTEE

Inst.: PBSP

PELICAN BAY  
G.P. UNIT A-3

Medical Board of California  
Central Complaint Unit  
1426 Howe Avenue  
Sacramento, California 95814

Case: 6303

11 Kindly acknowledge a request to receive a consumer form  
12 to file a complaint against the Doctor. Due to Emphysema  
13 Lung disease with No cure. I was seen by a Lung specialty  
14 Clinic in Crescent City but have not been able to receive a  
15 Therapy session to reduce mucus in the air. Doctor notification  
16 that ~~a~~ dry air or climate would improve my condition. Initial  
17 following up was for two complaint forms. Because the cause  
18 of the Emphysema evidence of value was treatment by the  
19 state Hospital in Atascadero California.  
20 Kindly send the complaint forms as urgent Medical need!

21  
22  
23  
24 Brown, Hilton Lawrence  
25 No# B51265 (S)  
26 5905 Lake Earl Drive  
27 Post Office Box 7000  
28 Crescent City California 95532

Hilton Lawrence Brown  
355 Business Law

Executed this: 25<sup>th</sup> Wednesday of June 2008

1 federal Rule of Civil Procedure rule 4 (a) (b) (c) request for a  
 2 transfer to the appropriate trial court for a jury trial. Initial  
 3 small Claims Appeal and United States Tax court decision for  
 4 service of Discovery Motion Jurisdictional Statement and Certification  
 5 Preliminary Hearing in court. A decision to subpoena and complete  
 6 Proof of Service did not receive a schedule date for a hearing  
 7 from the United States Marshall or the Department of the Sheriff.  
 8 Information is necessary for the address of the Department of  
 9 the Sheriff and United States Marshall for service of a copy to  
 10 each party. Kindly acknowledge the opening Brief served. But  
 11 having been denied Law Library access at Pelican Bay State  
 12 Institution due to a Disability and request for Accommodation  
 13 or release from Administrative Segregation detention without  
 14 any violation of the Law nor a CDC 115 rule violation. The  
 15 custody decision was made after Plaintiff was attacked.  
 16 The Electro Convulsive Therapy and punitive damage for the  
 17 Dislocated brachial small finger on the left hand with initial  
 18 loss of a Job in the main Kitchen. Along with stabbed wounds  
 19 from a riot are necessary Medical Records, Administrative  
 20 Segregation has me in actual custody from the 19th Saturday  
 21 of January 2008 until the present date of today's writing. A  
 22 Civil Subpoena Dues Tecum form 98.2 (a) (15) and In Forma  
 23 Pauperis Affidavit for the federal courts was completed  
 24 for a waiver of the process of service fees on defendants and  
 25 Real Parties of Interest 28 USC section 1, Supreme Court rule 4.2

PELICAN BAY  
 G.P. UNIT A-3

26 Brown, Hilton Lawrence  
 27 NO# B51265 (S)  
 28 5905 Lake Earl Drive  
 Crescent City California 95532

Hilton Lawrence Brown  
 355 Business Law



PELICAN BAY  
G.P. UNIT A-3

**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

Name Brown, Hilton Lawrence  
(Last) (First) (Initial)

Prisoner Number B51265 (S)

Institutional Address 5905 Lake Earl Drive, Crescent City CA 95532

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

Hilton Lawrence Brown  
(Enter the full name of plaintiff in this action.)

vs.

Pelican Bay State Institution  
Warden: Robert A Horel  
5905 Lake Earl Drive  
Crescent City California 95531  
(Enter the full name of the defendant(s) in this action)

**CV 08**

Case No. \_\_\_\_\_  
(To be provided by the Clerk of Court)

**COMPLAINT UNDER THE  
CIVIL RIGHTS ACT,  
Title 42 U.S.C § 1983**

**[All questions on this complaint form must be answered in order for your action to proceed..]**

I. Exhaustion of Administrative Remedies.

**[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement Pelican Bay State Institution

B. Is there a grievance procedure in this institution?

YES ( X ) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ( X ) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal,

explain why. 01-00485 AOA Americans with a Disability Act

COMPLAINT

- 1 -

FILED  
JUL - 9 2008  
RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

TEH  
3323



## PELICAN BAY

## G.P. UNIT A-3

## SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF DEL NORTE

Plaintiff: HILTON L B-51265 BROWN☐ Present ☒ Not PresentDefendant: SCHWARZENEGGER, GOVERNOR☐ Present ☒ Not PresentJudge: ☒ FOLLETT ☐ \_\_\_\_\_Clerk: ☐ Enea ☐ Obuchon ☐ Reynolds ☐ Robson ☒ Sala  
☐ \_\_\_\_\_Bailiff: ☒ Dickson ☐ Esparza ☐ Shine ☐ \_\_\_\_\_CSR: ☐ Beard ☐ Cobarruviaz ☐ McClendon ☐ \_\_\_\_\_

Cert. Interpreter: \_\_\_\_\_

Non-certified Interpreter: \_\_\_\_\_

Language: ☐ Spanish ☐ \_\_\_\_\_

SMALL CLAIMS COURT MINUTES

Date: 06/16/2008Case Number: C1-CL-08-0002157Action dismissed ☐ with ☐ without prejudice by judge.Plaintiff

Witness:

Defendant

Witness:

PlaintiffExhibitsDefendantExhibits

Unless Judge orders Exhibits kept, Clerk shall return all exhibits to

☐ Plaintiff ☐ Defendant at the end of today's hearing.☐ Judgment and Order Announced From the Bench**JUDGMENT** is for the:☐ Plaintiff in the amount of \$\_\_\_\_\_ [plus interest in the amount of \$\_\_\_\_\_], plus court costs in the amount of \$\_\_\_\_\_.☐ Defendant in the amount of \$\_\_\_\_\_ [plus interest in the amount of \$\_\_\_\_\_], plus court costs in the amount of \$\_\_\_\_\_.

**PELICAN BAY**  
**G.P. UNIT A-3**

C1-CL-08-0002157

The main reason for my decision is:

---

☐ Optional: Judge Orders Installment payments by ☐ Plaintiff ☐ Defendant

This judgment is to be paid in monthly payments of \$ \_\_\_\_\_,

Payments are due on the \_\_\_\_\_ of each month beginning \_\_\_\_\_ [date].

If any payment is not paid within ten days of the date it is due, the entire judgment becomes due and payable.

☐ **Judge Takes Case Under Submission**

I have heard all the evidence. I think the matter requires further consideration so I will take the case under submission and mail you my decision. Until you receive my decision, it is important that you do not contact the court or try to give me any new information because it would be unfair to the other party for me to hear evidence without giving the other party a chance to respond. You will receive my decision by mail in approximately [30 days] [Clerk is required to insert 30 days unless judge states some other length of time].

☐ **Default Judgment:**

I find that the plaintiff has proved ☐ his ☐ her case. I will give to the plaintiff judgment in the amount of:

☐ \$ \_\_\_\_\_ [amount not exceeding that requested in the claim]

☐ Plus interest [interest rate of \_\_\_\_\_ %] and clerk to provide copy of minute to Court Executive Officer/Clerk of the Court.

☐ Court costs awarded in the amount of \$ \_\_\_\_\_.

☐ Case is Continued for the following reason: \_\_\_\_\_  
Clerk is directed to set a future hearing on \_\_\_\_\_ in Department \_\_\_\_\_ at \_\_\_\_\_ am/pm. and Clerk shall mail notice to both parties within 48 hours.

Other:

*No appearance by Plaintiff or Defendant. Matter dropped from calendar, subject to being reset and new notices going out.*

---



---

**Copies Mailed to:**

☒ Plaintiff ☒ Defendant ☐ \_\_\_\_\_

**Page 2 of 2**

# PELICAN BAY G.P. UNIT A-3

## AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS FILING FEE AND FINANCIAL INFORMATION FORM

(Request for Permission to Proceed In Forma Pauperis)

California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.:

I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.

### Claimant Information

① Brown Hilton Lawrence ② Tel:           -          -            
Last name First Name MI

③ Claim Number (if known): 08-3324 and 08-3323

### Employment Information

④ My occupation: None  
My employer: /

Employer's Mailing Address City State Zip

My spouse's or partner's employer: Dissolution of Marriage

Employer's Mailing Address City State Zip

⑤ If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step ②③.

Inmate Identification Number: B51265 (S)

### Financial Information

⑥ I am receiving financial assistance from one or more of the following programs. ☐ Yes ☐ No

If no, proceed to step ⑦ If yes, check all that apply, then skip to step ②④.

☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs

☐ CalWORKS: California Work Opportunity and Responsibility to Kids Act

☐ Food Stamps

☐ County Relief, General Relief (GR), or General Assistance (GA)

⑦ Number in my household and my gross monthly household income, if it is the following amount or less:

	Number	Monthly family income
A	<input checked="" type="checkbox"/> 1	\$969.79
B	<input type="checkbox"/> 2	\$1,301.04
C	<input type="checkbox"/> 3	\$1,632.29
D	<input type="checkbox"/> 4	\$1,963.54
E	<input type="checkbox"/> 5	\$2,294.79

	Number	Monthly family income
F	<input type="checkbox"/> 6	\$2,626.04
G	<input type="checkbox"/> 7	\$2,957.29
H	<input type="checkbox"/> 8	\$3,288.54

☐ I There are more than 8 people in my family

Add \$331.25 for each additional person.

Number:            Total Income:           

If you checked a box in step ⑦ A through I, complete steps ⑨ through ⑮. Then skip to step ②④.

⑧ My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee. ☒ Yes ☐ No

If yes, fill in steps ⑨ through ②④.

# **PELICAN BAY** **G.P. UNIT A-3**

## **Monthly Income and Expenses**

<b>9</b>	My gross monthly pay is: \$ <u>zero</u>	<b>10</b>	My income changes each month: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																									
<b>11</b>	Number of persons living in my home: <u>0.0</u>	<b>12</b>	Other money I get each month																																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Name</th> <th style="width:10%;">Age</th> <th style="width:10%;">Relationship</th> <th style="width:10%;">Monthly Income</th> <th style="width:10%;">Source:</th> </tr> </thead> <tbody> <tr><td><b>A</b> <u>Brown, H.L.</u></td><td><u>12-23-47</u></td><td><u>Self</u></td><td>\$ <u>0</u></td><td><b>A</b> \$ <u>0</u></td></tr> <tr><td><b>B</b></td><td></td><td></td><td>\$ <u>0</u></td><td><b>B</b> \$ <u>0</u></td></tr> <tr><td><b>C</b></td><td></td><td></td><td>\$ <u>0</u></td><td><b>C</b> \$ <u>0</u></td></tr> <tr><td><b>D</b></td><td></td><td></td><td>\$ <u>0</u></td><td><b>D</b> \$ <u>0</u></td></tr> <tr><td><b>E</b></td><td></td><td></td><td>\$ <u>0</u></td><td><b>E</b> \$ <u>0</u></td></tr> <tr><td><b>F</b></td><td></td><td></td><td>\$ <u>0</u></td><td><b>F</b> \$ <u>0</u></td></tr> </tbody> </table>	Name	Age	Relationship	Monthly Income	Source:	<b>A</b> <u>Brown, H.L.</u>	<u>12-23-47</u>	<u>Self</u>	\$ <u>0</u>	<b>A</b> \$ <u>0</u>	<b>B</b>			\$ <u>0</u>	<b>B</b> \$ <u>0</u>	<b>C</b>			\$ <u>0</u>	<b>C</b> \$ <u>0</u>	<b>D</b>			\$ <u>0</u>	<b>D</b> \$ <u>0</u>	<b>E</b>			\$ <u>0</u>	<b>E</b> \$ <u>0</u>	<b>F</b>			\$ <u>0</u>	<b>F</b> \$ <u>0</u>								
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<b>F</b>			\$ <u>0</u>	<b>F</b> \$ <u>0</u>																																								
<b>15</b>	My total gross monthly household income:	<b>13</b>	Total other money: \$ <u>zero</u>																																									
<b>16</b>	My payroll deductions are:	<b>14</b>	My monthly income: \$ <u>zero</u>																																									
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<b>D</b>	\$ <u>0</u>	<b>H</b>	\$ <u>0</u>																																									
	<b>17</b>	My total payroll deduction amount is: \$ <u>zero</u>																																										
<b>18</b>	My monthly take home pay is \$ <u>zero</u>	<b>19</b>	My net monthly income: \$ <u>0.0</u>																																									
<b>20</b>	I own or have interest in the following property:																																											
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<b>23</b>	I have attached other information that supports this application on a separate sheet. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																											

## **Signature Section**

<b>24</b>	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.	
	<div style="display: flex; justify-content: space-between;"> <div> <p><i>Hilton Lawrence Brown</i> <i>Brown Hilton Lawrence</i></p> <p>Signature of Claimant</p> </div> <div> <p><i>24th Thursday of July 2008</i></p> <p>Date</p> </div> </div>	



**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001

**PELICAN BAY**  
**G.P. UNIT A-3**



July 2, 2008

BROWN, HILTON, B51265  
Pelican Bay State Prison  
P.O. Box 7000  
Crescent City, CA 95531-7000

RE: IAB# 0735229      LEGAL

Mr. BROWN:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

The CDC 602, Inmate/Parolee Appeal Form, must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator.

*N. Grannis*

N. GRANNIS, Chief  
Inmate Appeals Branch

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

10

1. \_\_\_\_\_  
2. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Brown, H.L.	B51265(3)	None	A1-103

A. Describe Problem: Brown, H.L. was denied access to the law library on the 5-1-08 and 5-29-08 by the unit staff Prison Guards and law library escort B.R. Jackson. Health Care Managers Doctor Dwight W. Winslow wrote a chrono for double cuffs up front in 2001. In response to a CDC 602 appeal for Grievance, which was Partially Granted by Pelican Bay State Institution and Directors Level. This was served on medical for verification of a medical condition and issued as Partially Granted.

If you need more space, attach one additional sheet.

B. Action Requested: Verification of Document to affirm Brown H.L. must use double cuffs up front or waist chains in order to walk from the Administrative Segregation to the law library due to medical condition. (Kindly make a copy of the 128G chrono and Attach it to the 602).

Inmate/Parolee Signature: H.L. Brown Date Submitted: 6-1-08

C. INFORMAL LEVEL (Date Received: 6/3/08)

Staff Response: your chrono for waist chains expired 7/22/06. your request for waist chains/ double cuff chrono was denied on 5/2/08

Staff Signature: A Flowers RN Date Returned to Inmate: 6/3/08

**D. FORMAL LEVEL**

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Indigent inmate the Trust Office will not process a Trust withdrawal slip. To receive Photostat service, therefore the Program Administrator in A facility: Swearingen did not make the necessary copy of ADA log #01-00485 Nor 602 Grievance Appeal that was Partially Granted in 2001. Kindly allow the Appeals Coordinator to make the Photostat copy (ies)

Signature: H.L. Brown Date Submitted: 6-2-08

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

0735229



B51265





**County of Los Angeles**  
**CIVIL GRAND JURY** **PELICAN BAY**  
**G.P. UNIT A-3**

CLARA SHORTRIDGE FOLTZ CRIMINAL JUSTICE CENTER  
210 WEST TEMPLE STREET • ELEVENTH FLOOR • ROOM 11-506 • LOS ANGELES, CALIFORNIA 90012  
TELEPHONE (213) 893-1047 • FAX (213) 229-2595  
<http://www.grandjury.co.la.ca.us/>

July 14, 2008

Hilton Lawrence Brown #B51265(S)  
5905 Lake Earl Drive  
P.O. Box 7000  
Crescent City. CA 95532  
A3-108

Dear Mr. Brown:

Your letter to the 2008-2009 Los Angeles County Civil Grand Jury, mailed July 03, 2008, has been received. The Grand Jury's review of the issues raised in your letter may or may not result in an investigation, but in any event, this letter will probably be the only written response you will receive.

Please do not contact the Civil Grand Jury by telephone or in writing to inquire about the status of your matter. The Grand Jury is prohibited by law from communicating the results of any investigation to you personally, although a written report of all Grand Jury investigations is available to the general public when published at the end of June.

Please be advised that the Civil Grand Jury has no legal jurisdiction or authority to investigate federal agencies, state agencies, private entities, or the courts. Only local governments within Los Angeles County are subject to review by the Grand Jury.

Sincerely,

A handwritten signature in black ink, which appears to read "Hafsa A. Rascon". The signature is fluid and cursive.

Staff to the Los Angeles County Civil Grand Jury